

MINISTER'S REFERENCE FORM

Have this form filled out by A MEMBER OF THE PASTORAL STAFF of the church where you attend or by someone who has been your minister within the past two years. This person should send the completed form directly to the Office of Admissions in a sealed envelope.

Office of Admissions
Asbury College

1 Macklem Drive

Wilmore, KY 40390-1198

Fax 606 858-3921

Section I *(To be completed by applicant)*

Last Name First Middle Telephone with Area Code (____) _____

I ☐ **do** ☐ **do not** willingly waive my right to view the completed reference form knowing that this waiver will not influence the College's admission decision.

Applicant's Signature

Section II *(To be completed by the applicant's minister)*

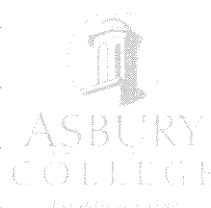
Please answer the following questions and return to the Office of Admissions.

1. Please give an explanation of the applicant's willingness to cooperate well with his/her peers and with those in authority.

2. What specifically would lead you to believe this applicant is dependable?

3. Have you had occasion to observe this applicant being honest and fair? Please explain.

(See Reverse Side)



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4. Briefly identify the applicant as either an active, average or indifferent participant in the activities of the church.

5. To the best of your knowledge does the applicant refrain from the use of alcohol, drugs and tobacco?
If not, to what extent does he/she use any of these substances?

6. Do you believe that the applicant understands and will be able to adjust to a Christian community environment?

Please accept our
thanks for your
assistance.

Return this form in a
sealed envelope to:

Office of Admissions
Asbury College
1 Macklem Drive
Wilmore, KY 40390-1198

Signature of Minister

Date

Name (please print or type)

Position

Church Name

(_____)_____
Telephone with Area Code

Church Address

State length and type of relationship to applicant

Asbury College alumnus? ☐ Yes ☐ No

Year last attended? _____